

STATE OF WYOMING )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

IN THE DISTRICT COURT  
\_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_,)  
(Print name of person filing) )  
)  
vs. )  
)  
Respondent: \_\_\_\_\_.)  
(Print name of other party)

Civil Action Case No. \_\_\_\_\_

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### REPLY TO COUNTERCLAIM

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Petitioner, hereby replies to Respondent's *Counterclaim* as follows:

1. Petitioner admits the allegations in Paragraphs \_\_\_\_\_  
(list paragraphs that are accurate statements)  
of Respondent's *Counterclaim*.
2. Petitioner denies the allegations in Paragraphs \_\_\_\_\_  
(list paragraphs that you believe are not accurate)  
of Respondent's *Counterclaim*.
3. Petitioner does not have information sufficient to either admit or deny the  
allegations in Paragraphs \_\_\_\_\_ of Respondent's  
(list paragraphs that you don't know are accurate or not)  
*Counterclaim*.

**WHEREFORE**, Petitioner respectfully requests that the court find generally in her/his favor and against the Respondent, that Respondent take nothing by way of his/her *Counterclaim*, and for such other and further relief as the court deems just and proper.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by  Hand Delivery OR  Faxed to this number \_\_\_\_\_ OR  by placing it in the United States mail, postage pre-paid, and addressed to the following:

(Print Respondent's/Respondent's Attorney's Name and Address)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print name

-----Fill in, if applicable-----  
Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

\_\_\_\_\_  
Attorney's Name

Attorney's Address/Telephone:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_